

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551392

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		1-				
4		1-				
5		1-				
6		1-				
7		1-				
8		1-				
9		1-				
10		1-				
11		1-				
12		1-				
13		1-				
14		1-				
15	1					
16		1-				
17		1-				
18		1-				
19		1-				
20		1-				
21		1-				
22		1-				
23		1-				
24		1-				
25		1-				
26		1-				
27		1-				
28		1-				
29	1-					
30		1-				
31		1-				
32		1-				
33	3					
34	3					
35	1					
36		1-				
37		1-				
38	1-	1-				
39	1-					
40		1-				
41		1-				
42		1-				
43		1-				
44	1					
45		1-				
46		1-				
47		1-				
48		1-				
49		1-				
50		1-				
TOTAL IND.	7		↓		↓	↓
TOTAL DEP.	47	←	←	←	←	←
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						